

Date _____

2019 SUMMER ADVENTURE CAMP MEDICAL FORM

Camper Name _____

Physician Name _____

Physician Phone Number _____

Will your child be taking medication? ☐ Yes ☐ No

If yes, please list: _____

Please send all medication in a clear sealable bag with a label and specific instructions

Does your child have any allergies? ☐ Yes ☐ No

TYPE EXPLAIN SYMPTOMS AND SEVERITY

☐ Bee Sting _____

☐ Peanut/Nut _____

☐ Drugs _____

☐ Food _____

☐ Other _____

Does your child have a chronic or recurring illness? ☐ Yes ☐ No

PLEASE EXPLAIN IN DETAIL

☐ Asthma _____

☐ Diabetes _____

☐ Seizures _____

☐ Cardiac _____

☐ Other _____

Are there any limitations/issues we should be aware of, including non-swimmers? ☐ Yes ☐ No

If yes, please explain: _____

PICKUP CONSENT FORM

I give permission for the following persons to pick up my child(ren) from camp. (Photo I.D. required)

Name _____ Phone _____

Name _____ Phone _____